Name in Full: Charles Franklin Bowling

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Mulestown — County: St. Mary's

Date of death 1904 — Month: 9 — Day: 3 — Age: Years 66 — Months — — Days —

Sex: male — Color or Race: white — Birthplace: md

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or Husband: Maggie Bowling

Father's Name: Franklin Bowling — Father's Birthplace: md

Mother's Maiden Name: Anne Long — Mother's Birthplace:

Name of person giving Information: Maggie Bowling — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Enteritis — How long: 9 days

Immediate: Pneumonia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Robt. V. Palmer

Address: Palmers md

Accident or Suicide?

LIBRARY BUREAU A66616

Name in Full: Bruce Clements

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Mechanicsville; County: St. Mary's

Date of death 1904: Month: Sept.; Day: 13; Age: Years: 18; Months: —; Days: —

Sex: Male; Color or Race: Colored; Birthplace: Md.

Married, Single or Widowed: Single; Occupation: Laborer

Name of Wife or Husband:

Father's Name: Emanuel Clements; Father's Birthplace: Md.

Mother's Maiden Name: Jennie Young; Mother's Birthplace: Md.

Name of person giving information: Edwd Goldring; How related to deceased: Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phthisis; How long:

Immediate: Exhaustion; How long: Six months

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Zach. T. Morgan

Address: Mechanicsville, Md.

Accident or Suicide?

LIBRARY BUREAU A83516

Name in Full

Certificate of Death

James Dudley Ennis

Town: Hallowood County: St Mary's MARYLAND

Died at

Date 1904 Month Sept Day 24 Age Y. 11 M. 11 D. 21 Native of Md Occupation

Male / ~~Female~~ White / ~~Colored~~ ~~Married~~ / ~~Single~~ / ~~Widow~~ / ~~Widower~~ ~~Divorced~~

Number of children living

Husband of
Wife

Father's Name Hurley Ennis

Mother's Name Laura Hall

Cause of Death: Primary Diarrhoea

How long sick 2 weeks

Immediate

Accident, Suicide, Homicide

Reported by J. O. Kline.

Address

M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Susan Dyson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: St. Georges — County: St. Mary's

Date of death: 1904. Month: Sept. Day: 15th

Age: Years: 45 — Months — Days

Sex: Female — Color or Race: Negro — Birthplace: St. Mary's

Occupation: Servant — Where Residing if not at place of death: St. Mary's

Married, Single or Widowed: Widow — Name of Wife or Husband: Stephen Dyson Dec'd

Father's Name — Father's Birthplace

Mother's Maiden Name — Mother's Birthplace

Name of person giving Information — How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long: 2 months

Immediate: Meningitis — How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Henry Richardson

Address: Great Mills Md.

Accident or Suicide?

LIBRARY BUREAU A85516

Name in Full

Certificate of Death

Annie F Fanteroy

Died at Town: Park Hall County: St. Marys MARYLAND

Date 1904 Month: September Day: 7 Age Y. 13 M. — D. — Native of Maryland Occupation —

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single Widow ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of —

Father's Name Jessie Fanteroy

Mother's Name Alice Fanteroy

Cause of Death: Primary / Immediate Consumption

How long sick About six months

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by A. L. Hodgdon M.D.

Address Leonardtown Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full James V. Fogwell

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Leonardtown — County: St Marys

Date of death 1904 — Month: Sept — Day: 11 — Age — Years: 36 — Months: — Days: —

Sex: Male — Color or Race: White — Birthplace: St Marys Co

Occupation: Clerk — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: James V Fogwell — Father's Birthplace:

Mother's Maiden Name: — Mother's Birthplace:

Name of person giving Information: Chas Fogwell — How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis Pulmonary — How long: 2 or 3 yrs

Immediate: Exhaustion — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. H. Greenwell

Address: Leonardtown

Accident or Suicide? —

PHYSICIAN OR CORONER

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LIBRARY BUREAU A4931G

Name in Full: George Gray

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Oakville — County: St. Mary's

Date of death 1904: Month: Sept. — Day: 30

Age: Years: about 70 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Widower — Occupation: Laborer

Name of Wife or Husband: Don't Know

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles Gray — Father's Birthplace: Md.

Mother's Maiden Name: Don't Know — Mother's Birthplace: Don't Know

Name of person giving In formation — How related to deceased

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Don't Know, Died Suddenly — How long

Immediate: Suppose heart disease — How long

Are the name, age, sex, color, date and place correctly given above? I Think So

Signature of Physician: Zach. R. Morgan

Address: Mechanicsville, Md.

Accident or Sulcide?

LIBRARY BUREAU A88016

Name in Full Rebecca Guy

Certificate of Death

Died at Town Clements County St Marys MARYLAND

Date 1904 Month Sept. Day 29 | Age Y. 78 M. D. | Native of Md. | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living ~~0~~ 7

~~Husband~~ Wife of

Father's Name

Mother's Name

Cause of Death { Primary Dysentery | How long sick 10 days

Immediate | Accident, Suicide, Homicide

Reported by E. B. Johnson

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]8

Name in Full: George Robert Hicks

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Mechanicsville — County: St. Mary's

Date of death 1904 — Month: Sept — Day: 2 — Age: ~~[illegible]~~ — Years: — Months: 15 — Days: —

TO BE ANSWERED BY NEAREST FRIEND

Sex: male — Color or Race: Mulatto — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: —

Name of Wife or Husband: —

Father's Name: Robert Hicks — Father's Birthplace: Maryland

Mother's Maiden Name: Gynnette Silas — Mother's Birthplace: Maryland

Name of person giving In formation: Robert Hicks — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Diarrhoea — How long: 2 wks

Immediate: Cholera Infantum — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Jas. R. Morgan

Address: Mechanicsville, Md.

Accident or Suicide?

LIBRARY BUREAU A36816

Name In Full

Certificate of Death

Thomas Everett Hulett

Died at Town: Paluxus County: St. Marys MARYLAND

Date 19 64 Month: 9 Day: 19 | Age Y.: — M.: 3 D.: 9 | Native of md | Occupation —

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | Divorced ~~Number of children living~~

Husband of Wife

Father's Name Francis Hulett | Mother's Maiden Name Blanche Mattingly

Cause of Death: Primary

Immediate Acute meningitis

How long sick 3 days

Accident, Suicide, Homicide

Reported by Robt. V. Pulliam

Address Paluxus md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70009

Name In Full — Certificate of Death

Odie Johnson -

Died at Town: Morganza — County: St Marys — MARYLAND

Date 1894 Month: Sept. Day: 24 | Age Y. 26 M. D. | Native of | Occupation

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — Widow Widower — Divorced — Number of children living 2

~~Husband~~ Wife of Frederic Johnson -

Father's Name — Mother's Name

Cause of Death — Primary: Typhoid Fever — How long sick 4 Weeks -

Immediate: Meningitis — Accident, Suicide, Homicide

Reported by L. B. Johnson -

Address Morganza -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Albert Wolf Jourdan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Leonardtown; County: St Marys

Date of death: 1904; Month: Sept; Day: 2; Years: Age 11; Months; Days

Sex: Male; Color or Race: Colored; Birthplace: St Marys Co

Occupation: —; Where Residing if not at place of death: —

Married, Single or Widowed: —; Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Robert Jourdan; Father's Birthplace: St Marys Co

Mother's Maiden Name: Eliza; Mother's Birthplace:

Name of person giving Information:; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Remittent fever; How long: two weeks

Immediate: Coma; How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. P. Greenwell

Address: Leonardtown

Accident or Suicide?

LIBRARY BUREAU A88513

Name in Full Jas A Lumm

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Field	Entry
Died at (Town)	Leonardtown
County	St Marys
Date of death	1904, Month 9, Day 25
Age	Years 57, Months —, Days —
Sex	Male
Color or Race	White
Birthplace	Maryland
Occupation	Oysterman
Where Residing if not at place of death	Leonardtown
Married, Single or Widowed	Widowed
Name of Wife or Husband	Jane E Lumm
Father's Name	Do not Know
Father's Birthplace	—
Mother's Maiden Name	— — —
Mother's Birthplace	— —
Name of person giving information	James A Bullock
How related to deceased	Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Field	Entry
Primary	Tuberculosis
How long	2 years
Immediate	Exhaustion
How long	
Are the name, age, sex, color, date and place correctly given above?	Yes
Signature of Physician	Thos Lyell
Address	Leonardtown Md
Accident or Suicide?	

J

LIBRARY BUREAU A88316

Name in Full: Philip H. Morgan

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Compton — County: St Marys Co

Date of death: Month: Sept — Day: 14 — 1904

Age: Years — Months — Days

Sex: Male — Color or Race: White — Birthplace: St Marys Co

Occupation: Oyster dealer — Where Residing if not at place of death: —

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Katie Bullock

Father's Name: William Morgan — Father's Birthplace: St Marys Co

Mother's Maiden Name: — Mother's Birthplace: —

Name of person giving information: — How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Chronic Brights — How long: 5 yrs

Immediate: Coma — How long: 12 hours

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PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. P. Greenwell

Address: Leonardtown

Accident or Suicide?

LIBRARY BUREAU A88816

Name in Full — Certificate of Death

Mrs Hattie Newton.

Town — County

Died at Hollywood — St Mary's Co — MARYLAND

Date 1899 — Month Sept. — Day 21 — Age Y. M. D. — Native of Md — Occupation Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ / ~~Widower~~ — Divorced ~~—~~ — Number of children living 3

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: Renal Uremia Typhoid — How long sick: 4 weeks

Immediate: Nervous Exhaustion

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by J. D. Gilliss.

Address D. Gilliss. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mrs Annie Rice

Certificate of Death

Died at Town: St. Georges Island County: St. Mary's MARYLAND

Date 1914 Month: Sept. Day: 28. | Age Y. 38 M. — D. — | Native of Md. | Occupation Housekeeper

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow or Widower~~ ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of William Rice

Father's Name Frank Rabrecht Mother's Maiden Name Alice Willey

Cause of Death: Primary — Pulmonary Tuberculosis — How long sick 2 Months

Immediate —

~~Accident, Suicide, Homicide~~

Reported by T. Harper Lynch, M.D.

Address Valley Lee, St. Mary's Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70993

Name in Full

Certificate of Death

George R. Sanders

Died at Town: Valley Lee County: St. Mary's MARYLAND

Date 1904 Month: Sept. Day: 13, | Age Y.: 1 M.: 10 D.: — | Native of: Md, | Occupation: None

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ of Wife

Father's Name: William E. Sanders Mother's Maiden Name: Emma Bicard,

Cause of Death — Primary: Convulsions — Immediate:

How long sick: 3 days

~~Accident, Suicide, Homicide~~

Reported by: F. Harper Guest M.D.

Address: Valley Lee, Md,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70803

Name in Full: John A. Scott

CERTIFICATE OF DEATH

MARYLAND

Town: near Mechanicsville — County: St. Mary's

Died at

Date of death 1904	Month	Day	Years	Months	Days
	Sept	19	Age 72		

TO BE ANSWERED BY NEAREST FRIEND

Sex	Male	Color or Race	White
Birthplace	Maryland		
Married, Single or Widowed	Single	Occupation	Farmer
Name of Wife or Husband			
Father's Name	Wm. Scott	Father's Birthplace	Md.
Mother's Maiden Name	Miss Thompson	Mother's Birthplace	Md
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary	Organic heart disease.	How long	Several years
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Zach. R Morgan
		Address	Mechanicsville, Md.
Accident or Suicide?			

LIBRARY BUREAU A88518

Name in Full

Certificate of Death

Annie E. Lumpkins

Died at Valley Lee — Town — St. Mary's County — MARYLAND

Date 1904 — Month Sept. Day 8 — Age Y. 43 M. — D. — — Native of St. Mary's — Occupation Housekeeper

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living 7

~~Husband~~ Wife of Frank Lumpkins

Father's Name Wm Henry Pickerton — Mother's Maiden Name Serena Ann Brannan

Cause of Death — Primary — Acute Meningitis — How long sick 10 days

Immediate — ~~Accident, Suicide, Homicide~~

Reported by T. Harper Lynch M.D.

Address Valley Lee, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70009